

Foster Family Home - Corrective Action Report

Provider ID: 0E150034L

Home Name: Lodenila Ramos, CNA

Review ID: 1-150031-5

1522 Panala'au St.

Reviewer: David Ayling

Honolulu

HI 96817

Begin Date: 5/4/3017

End Date: 6/7/17

Foster Family Home Required Certificate

17-1454-61

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 5/4/17. Corrective Action Report issued during home visit with all items due to CTA by 6/4/17.

6.(d)(1) - see applicable sections of the review

Foster Family Home Background Checks

17-1454-701

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(1),(2) - No second year APS/CAN and fingerprints for CG #2(expired on 2/28/17).

Compliance Manager

Primary Care Giver

Date

Date

LODENILA RAMOS FOSTER HOME


1522 Panalaaui At.
Honolulu, HI 96817
Tel. No. (808) 312-3487
Fax No. (808) 312-3487

June 02, 2017

WRITTEN PLAN OF CORRECTION

7.1(a)(1), (2) I have obtained current APS/CAN and finger prints for CG#2 and placed in my CTA binder and sent a copy of receipt to CTA on 6/2/2017.

I have placed expiration dates for the APS/CAN and criminal history for all CG'S and HHM'S on my iPhone 6+ calendar with reminder set for 1 month prior to expiration.


LODENILA B. RAMOS
Owner/ Provider